## Little Flower Petal and Pace Duathlon



## Bike 5 Miles - Run 5K - Bike 5 Miles Saturday August 8, 2015 7 AM



Location: Registration and Post-Race Activities at Little Flower at 2053 Government St, Mobile, AL

Sponsored by: Little Flower Catholic Church Benefits: Little Flower School

Course: Out and back course that starts at Little Flower Catholic Church, heads east on Government Street,

through the Bankhead Tunnel, to Battleship Park for the certified 5K run (AL08020JD) along the Causeway. Participants will bike from Battleship Park back to Little Flower Catholic Church. Fluids

will be provided along the race course.

**Teams:** Two-person teams are welcome to participate. Teams are responsible for getting their runners to

Battleship Park by 6:50 AM on race day.

**Restrictions:** Helmets required for all bike riders. Bike riders must be at least 10 years of age on race day;

runners must 7 years of age on race day.

Registration: Pre-register by mail (entries should be postmarked by August 1), in person at McCoy Outdoor or

Run-N-Tri in Mobile or Running Wild in Fairhope until noon on August 6, or online

(http://petalandpace15.eventbrite.com) until 4 AM August 7. Packet pick-up and late registration at

Little Flower Church on Friday, August 7, from 5-8 PM and on race day from 6-6:45 AM

Entry fees: Individual: 2-Person Team:

Received by July 26: \$35

July 27 - August 7: \$45

Race day: \$60

Race day: \$100

Received by July 26: \$60

July 27 - August 7: \$80

Race day: \$100

Awards: Awards will be presented to top individual finishers in 5-year age divisions and top team finishers.

**Post-Race Party:** Entertainment, food and beverages provided to all participants.

| Last Name:                                    | First Name:              |                    |  |            | Age:       |             | _Sex:     | М        | F            |             |         |
|---|--------------------------|--------------------|--|------------|------------|-------------|-----------|----------|--------------|-------------|---------|
| Address:                                      |                          | City, State & ZIP: |  |            |            | <del></del> |           |          |              |             |         |
| Date of Birth:                                | Phor                     | ne:                | Email:                                   |            |            |             |           |          |              |             |         |
| am competing as a/an:                         | Individual               | Team               | T-Shirt Size:                            | ΥM         | YL         | S           | М         | L        | XL           | XXL         |         |
| Fat Tire: Yes No Te                           | eammate's na             | ıme, age, g        | ender, and t-shirt size                  | ):         |            |             |           |          |              |             |         |
| acknowledge that participation in or even pro | oximity to this athletic | event carries wit  | th it the significant and real potential | for death, | paralysis, | serious     | injury an | ıd prope | erty loss. T | he risks in | ıclude, |

but are not limited to, those caused by terrain, facilities, temperature, weather, condition of other athletes, equipment, vehicular traffic, lack of hydration, and the negligence, actions or inactions of other people and participants, including, but not limited to, event promoters, organizers, participants, volunteers, spectators, event officials, pedestrians, and motorists. I hereby acknowledge the aforementioned risks and dangers and assume any and all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or others or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability form will be used by the event promoters, volunteers, sponsors, organizers and other participants and volunteers in this event in which I may participate and that it will govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in this event, I hereby agree for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) I hereby Waive, Release and Discharge from any and all liability for my death, any and all disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me, including my traveling to and from this event, watching at said event, participating or volunteering at said event, the following entities or persons: Little Flower Catholic Church, LRH Productions, the City of Mobile, USS Alabama Battleship Park, their directors, officers, employees, volunteers, representatives, members, agents and attorneys, the event promoters, organizers, holders, volunteers, and event sponsors, and their agents; (B) I also hereby Indemnify and Hold Harmless the entities or persons mentioned hereinabove in this paragraph from any and all liabilities or claims made as a result of volunteering, participation or watching at this event, whether caused by the negligence of others, myself or otherwise. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event. I understand that at this event or related activities I may be photographed or videoed. I agree to allow my photo, video or film likeness to be used for any purpose by the event promoters, holders, producers, sponsors, organizers, or their assigns. The Accident Waiver and Release of Liability shall be construed as broadly as possible to provide a release and waiver to the maximum extent permissible under the applicable law of the State of Alabama.

| Signature of Participant: _ |   | Date: |  |
|-----------------------------|---|-------|--|
| -                           | (Parent/Guardian must sign for children under 19) |       |  |

Make checks payable to: Little Flower Catholic

Mail applications and fees to: Little Flower Catholic; ATTN: Lyle Coleman; 2053 Government St; Mobile, AL 36606

For more information contact: Lyle Coleman at 251-421-4014